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**FROM:** Stephen C. Durant  
Reg. No. 31,506**DATE:** March 10, 2006

Number of pages with cover page:	21	
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**Re:** U.S. Patent Application Serial No. 10/735,123  
**For:** ROBUST CALCULATION OF CROSSTALK DELAY CHANGE IN  
INTEGRATED CIRCUIT DESIGN  
**By:** Igor KELLER et al.  
**Examiner:** T. To  
**Art Unit:** 2825  
**Our Reference:** 188122000400

**Attachments:**

1. Transmittal - 1 page
2. Fee Transmittal, in duplicate for fee processing - 2 pages
3. Response to Restriction Requirement - 16 pages
4. Petition for Extension of Time (3 months) - 1 page

**Comments:**

Please see attached documents. Thank you.

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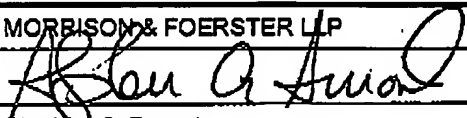
PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/735,123
		Filing Date	December 12, 2003
		First Named Inventor	Igor KELLER
		Art Unit	2825
		Examiner Name	T. To
Total Number of Pages in This Submission	20	Attorney Docket Number	188122000400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate for fee processing, 2- pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile cover sheet, not included with this page count.
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Stephen C. Durant		
Date	March 10, 2006	Reg. No.	31,506

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.	
Dated: March 10, 2006	Signature:  (Leah Kjellen)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812).		Complete if Known					
<b>FEE TRANSMITTAL</b>		Application Number	10/735,123				
<b>For FY 2005</b>		Filing Date	December 12, 2003				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Igor KELLER				
		Examiner Name	T.To				
		Art Unit	2825				
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	188122000400				
(\$)			1,020.00				
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1852</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	n/a
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
- =	x		n/a			n/a	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- =	x		n/a				
<b>3. APPLICATION SIZE FEE</b>							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x		n/a			
<b>4. OTHER FEE(S)</b>							
	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00						
<b>SUBMITTED BY</b>							
Signature	Registration No. (Attorney/Agent)	Telephone					
<i>Stephen C. Durant</i>	31,506	(415) 268-8982					
Name (Print/Type)	Date						
Stephen C. Durant	March 10, 2006						

sf-2094604